



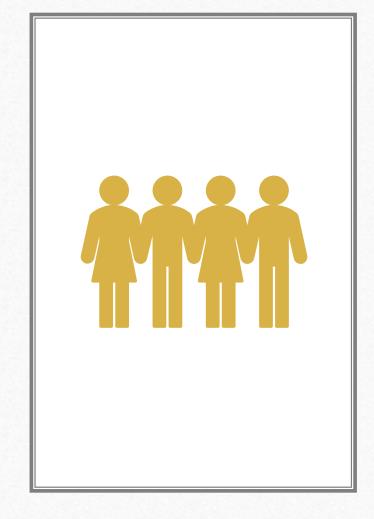


Mental Health Center of Denver

ZERO Suicide MHCD Implementation

June 2018

Confidential – Not for redistribution







"The Mental Health Center of Denver is committed to the safety of the people we serve as well as the support and safety of our incredible staff. The Zero Suicide Initiative provides an important framework as we continue to strive towards the goal of zero suicides."

– Dr. Carl Clark, CEO, April 2018

Overview

Confidential Not for redistribution

The Mental Health Center of Denver (MHCD) has made a commitment to implement **Zero Suicide**, a protocol designed to eliminate deaths by suicide.

We have leveraged our EMR, Avatar, to assist staff in identifying those at high risk of suicide and set protocols for increased reassessment, intervention and provider communication.

- All clinical staff at Mental Health Center of Denver trained in the Zero Suicide model in May 2018
- "Suicide Prevention Pathway" designation implemented in medical record June 1, 2018
- Specialized training for Residential, Peer Specialist, and Pharmacy staff in June 2018
- Ongoing quality reviews of data and processes with representation from MHCD's Partnership Council, IT/Information Systems, direct care staff and the Zero Suicide implementation team







General Risk Identification in the EMR

Since implementing Avatar in July of 2015, we have leveraged data to identify static (historic) risk factors

Depending on endorsed risk factors people are put into one or multiple risk categories:

- RS risk to self
- RO risk to others
- R general risk

The RO, RS, R category does NOT indicate risk severity (low, moderate, or high risk); it serves as an indicator that the clinician should review the risk factors and further assess the person's risk to self and/or others. It also prompts collection of a Dynamic Risk Factor Assessment monthly.





Suicide Prevention Pathway

(SPP)

What is it?

It indicates in the EMR that the person is at

acute risk of suicide.

Placement on the pathway is more specific and sensitive than someone in the RS risk category.

Being on the SPP means the person is at moderate to high risk to engage in self harm or suicidal behaviors and should be closely monitored.





How does someone get on the SPP?

There are 5 ways a person can be placed on the SPP.

- Specific items on the Columbia Suicide Severity Rating Scale.
- ☐ Imminent Risk Question on the Progress Summary.
- ☐ Suicide Questions on the Dynamic Risk Factor Assessment (DRFA).
- Certification Form, which indicates person is certified for treatment for "danger to self."
- ☐ Manual placement on the pathway.









Initial Assessment: Criteria from the Columbia Suicide Severity Rating Scale

On June 1st, 2018, the Columbia was added to the initial assessment bundle.

This is required of all new people enrolling in services at MHCD.







Assessment: Criteria from the Columbia Suicide Severity Rating Scale

Initial Assessment

- Criteria from the Columbia
- □ DRFA Suicide Q's
- ☐ Imminent Risk (Progress Summary)
- Certification Form
- Manual Placement

Questions that put someone on the pathway:

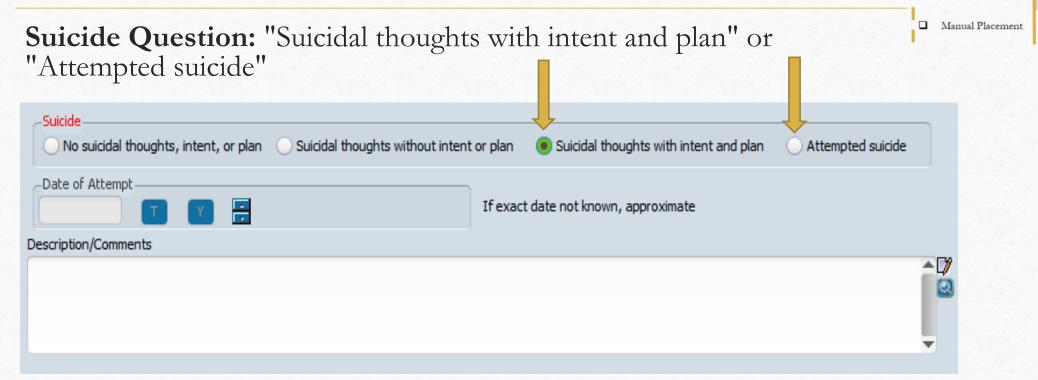
Have you started to work out or works	ed out the details of how to kill yourself and do you intend to car	ry out this plan?
Yes	○ No	
▼		
Have you ever done anything, started	to do anything, or prepared to do anything to end your life?—	
Yes	○ No	
How long ago did you do any of these:	?	
Over a year ago	Between three months and a year ago	Within the last three months



Confidential - Not for redistribution









Initial Assessment

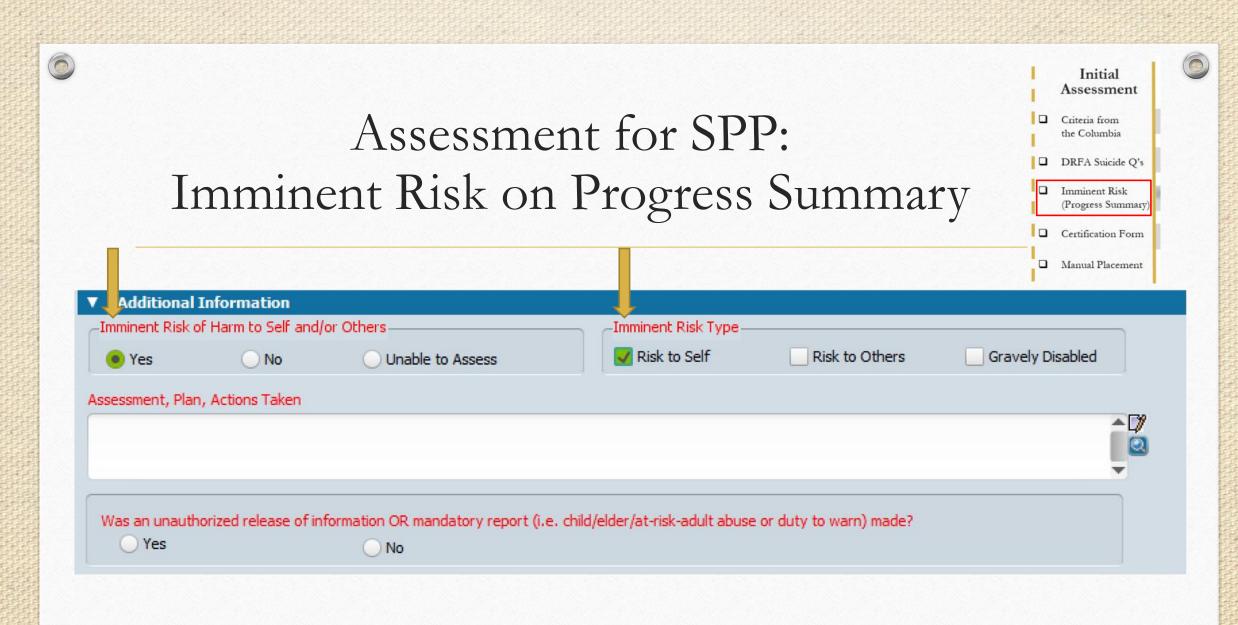
Criteria from

the Columbia

DRFA Suicide Q's

(Progress Summary)

Certification Form









Certification Form

Imminent Risk (Progress Summary)

Initial Assessment

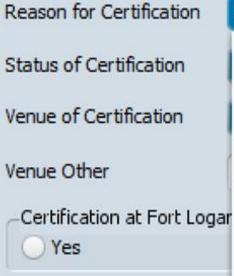
DRFA Suicide Q's

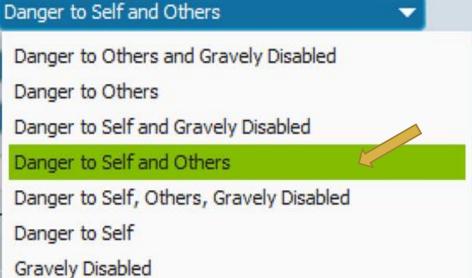
Criteria from the Columbia

☐ Manual Placement

If any of the reasons for certification include "danger to self" are endorsed, they are placed on the SPP.

This form is completed by the Certification Compliance Coordinator.



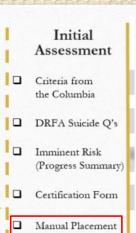












- People served can be manually placed on the SPP by completing the **Suicide Prevention Pathway** form in Avatar.
- The following are some reasons for manual placement on the SPP:
 - ✓ Clinical judgement
 - ✓ If the treatment team believes a person could benefit from being on the SPP due to static and/or dynamic risk factors, current warning signs, and limited protective factors.
- Consult with entire treatment team (including program manager and medical provider) when a person is manually placed on the SPP.

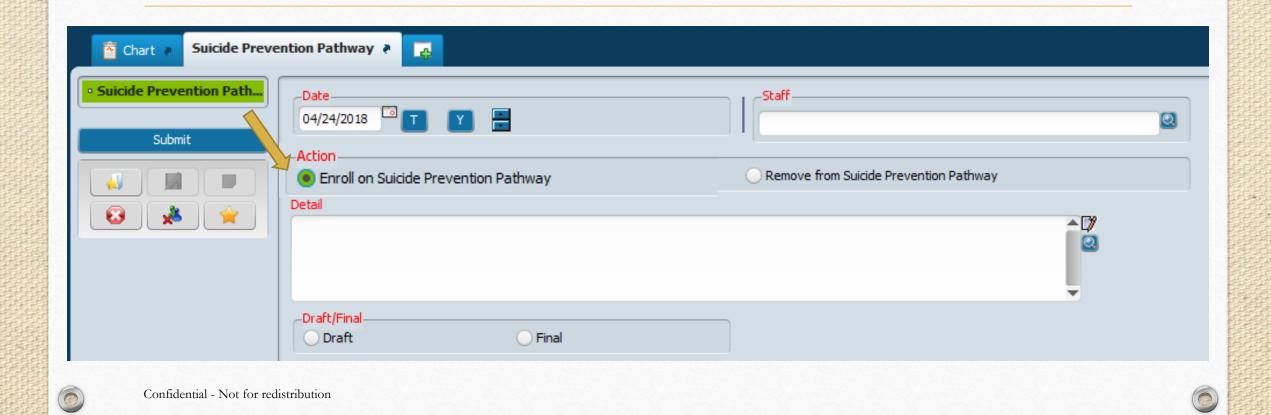








Suicide Prevention Pathway Form





On Go Live Date, June 1, 2018, approximately 220 people with a hit item, or a combination of hit items, were placed on the Suicide Prevention Pathway in Avatar.



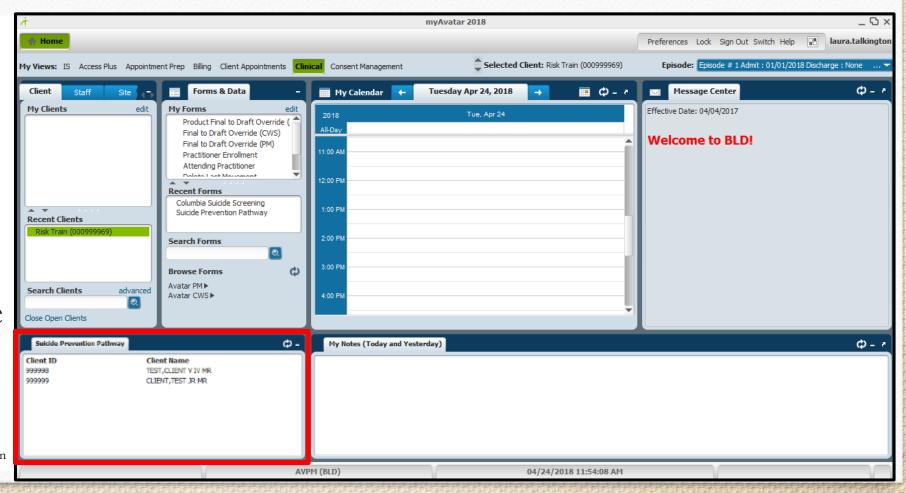






1. Clinical View - Caseload Summary In Avatar

The Clinical
View displays a
widget that
provides a list of
people on a
clinician's
caseload who are
on the SPP.



Confidential - Not for redistribution





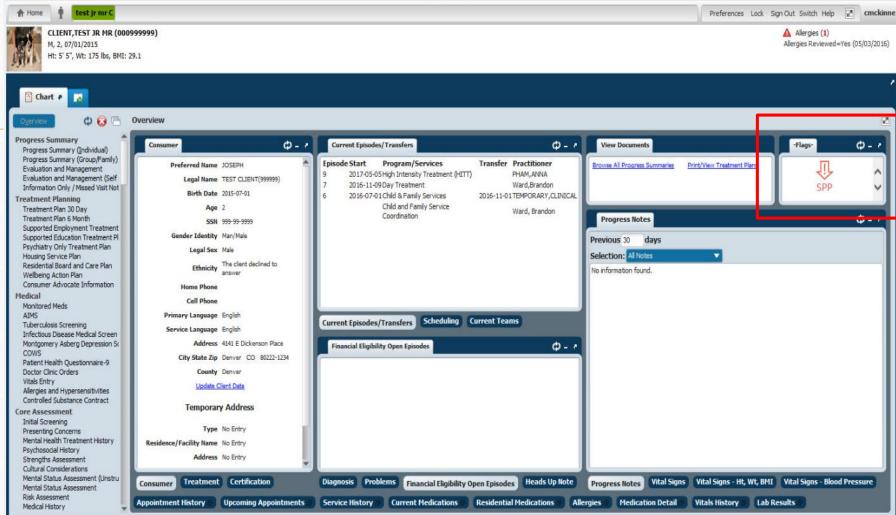
_ 0 x

2. Risk Widget



General Risk

Certification or Mandated Treatment SPP status is also displayed in the Chart View if the person is on the Suicide Prevention Pathway.



myAvatar 2018



Confidential - Not for redistribution

AVPM (LIVE)

04/10/2018 05:36:52 PM





3. MHCD's Risk View in Avatar

Across the top of the screen on the Risk View it will display "Suicide Prevention Pathway." If the arrow is clicked, a detailed list of steps for the clinician to consider is displayed.

Consumer on Suicide Prevention Pathway, Click Arrow for Further Information



This person is currently on the Suicide Prevention Pathway which means they're at higher risk for suicidality. Consider the following when working with this person:

o Monitor:

- · Review the risk view in Avatar before every appointment. Specifically look at:
- Crisis contacts
- Dynamic Risk Factors Assessment (DRFA)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Risk alert widget
- · Pay attention to acute stressors as these could be the trigger to initiate suicidal behaviors
- · Wellbeing Action Plan

o Assess:

- · Complete Dynamic Risk Factors Assessments (DRFA) monthly
- · Complete Columbia-Suicide Severity Rating Scale (C-SSRS) at every visit
- Assess for a M-1 hold, focusing on imminent risk
- . Evaluate warning signs in particular, heightened feelings of hopelessness and/or a sense of not belonging

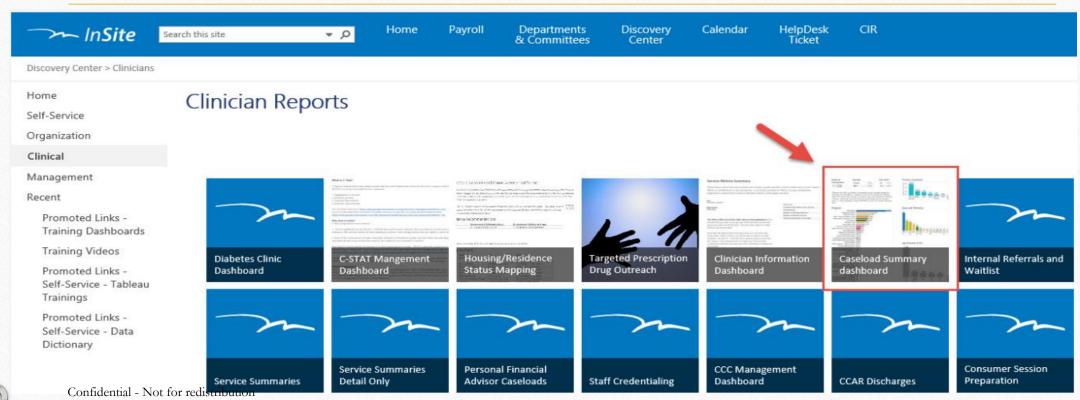








4. InSite Discovery Center – to access caseload info

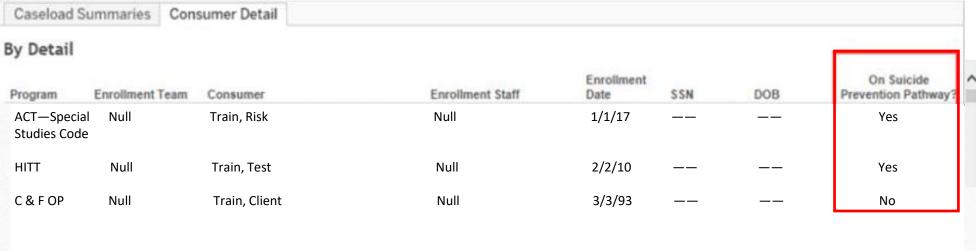


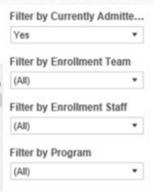




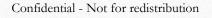


4. Discovery Center - Clinician's Caseload:









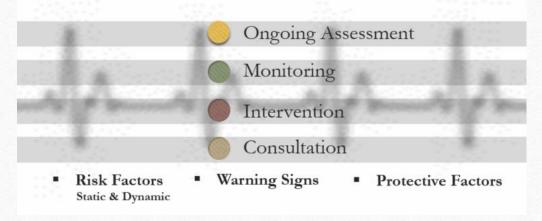






Clinical approach for people on the SPP

- Ongoing Assessment of the person's current level of risk during every interaction.
- **Monitoring** the person's risk factors (static and dynamic), warning signs and protective factors in Avatar.
- Intervention:
 - Provide short-term interventions based on the person's current level of risk.
 - Provide long-term interventions to help the person engage in treatment to utilize their strengths and motivation to reach their treatment goals and their life goals.
- Consultation with supervisor and treatment team. If further consultation is needed contact the Risk Management Department.



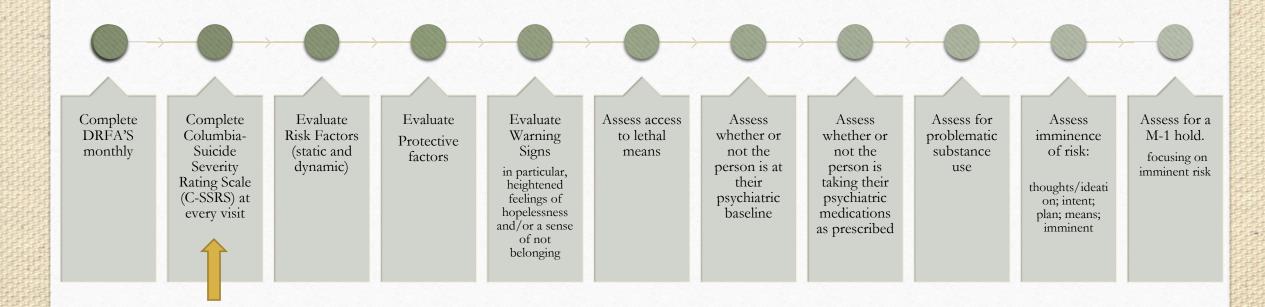








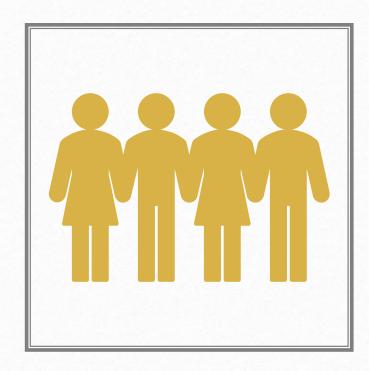
Ongoing Assessment







Interventions



Confidential - Not for redistribution

short-term and long-term

Integrate protective factors into every meeting, Wellbeing Action Plan, and Treatment Plan

Involve collaterals, family, and community supports

Means restriction

Collaboratively review and update the Wellbeing Action Plan.

Provide contact information for crisis line and walk-in centers and proactively coordinate as needed

Assess for problematic substance use

Place on a M-1 hold, if clinically indicated

Consider referral to full Dialectical Behavior Therapy (DBT) program Other evidence based interventions utilized for suicide prevention (CBT-SP, CALM, CAMS)

Consultation

Consultation is a critical aspect of effectively working with people that are experiencing all levels of suicide risk.

The goal is to not work alone when assessing and intervening with a person who is expressing suicidal thoughts and behaviors.

Confidential - Not for redistribution

Supervisor

Routinely discuss your assessment and intervention plan of every person on your caseload that is on the SPP with your supervisor during supervision and/or at any time that the need arises.

With whom should you consult?

Clinical Quality Assurance Risk Management (CQARM)

If treatment team needs additional treatment options and resources, they can request a CQARM review through the Risk Management department.

Treatment team

Routinely discuss your assessment and intervention plan of every person on your caseload that is on the SPP with the person's medical provider during his/her staffing and/or at any time that the need arises. If your supervisor and the medical provider are not available, consult with another team member: therapist, case manager, nurse, on-call clinician, residential counselor, on-call doctor or on-call manager.

Removal from SPP

The process is NOT automated.

It is based on clinical discretion.

- Consultation with entire treatment team (including program manager and medical provider) must occur **before** someone is eligible to come off the Suicide Prevention Pathway.
- If person is currently on a certification for mental health for treatment due to risk to self, they should **NOT** be removed from the Suicide Prevention Pathway.

The person is eligible to be removed from the SPP based the following criteria:

Zero (0) crisis contacts within the last three (3) months (i.e., utilizing Walk-In Clinic, Crisis Stabilization Unit, CoResponder, or Mobile Crisis services due to suicidality)

No 'imminent risk

to self endorsed

on progress

summary within

the last three (3)

months

No hospital visits or admissions - including emergency room visits - due to suicidal ideation or behavior within the last three (3) months

Means restriction
has been effective
(examples:
removal of
firearms,
medications, or
other methods)

No M1 mental health holds initiated within the last three (3) months

Three consecutive Columbia assessments at low risk DRFA:

"Attempted suicide," "Suicidal thoughts with intent and plan,"

"Access to firearms," and
"Hospitalizations due to suicidal ideation, intent, or plan" have not been endorsed within the last three (3) months

After approval of this form, Program Manager must **remove 'High Risk for suicide' SNOMED code** *394685004* from Problem List.

Manager's role in removal from SPP

1) Clinician completes the form

2) Manager receives alert on their To-Do list

Review clinical reasoning for removing from the SPP.

If in agreement:

- 1. Go to the search field in Avatar
- 2. Search **problem list**
- 3. Locate the existing High Risk For Suicide problem
- 4. Click Status
- 5. Select **Resolved**
- 6. Click Save
- 7. Click Submit

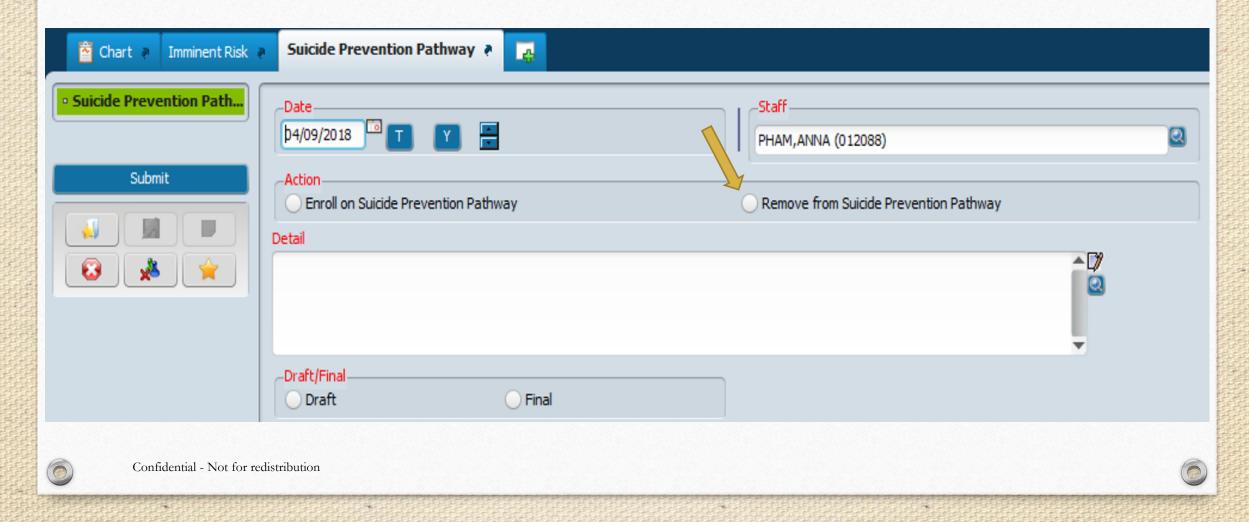
3) Return to To-Do list and sign off on SPP form

Confidential - Not for redistribution





Screenshot of removal from SPP







Questions? Berit Rabinovitz, LMFT, 303-504-6569 berit.rabinovitz@mhcd.org

- Co-chairs of committee: Kimberly Pfaff and Steve Fisher
- Executive Sponsor: Cheryl Clark
- Project Coordinator: Whitney Bond
- Committee members: Shelly Bowman, Scott Nebel, Berit Rabinovitz,
 Samantha Strobing, Darrin Kessler, Paulina Smolinski, Talese Holston, Laura Talkington, Eric Smith, Casey Wolf



